by RICHTER (*Gyn. Rundschau*, 1914, viii, 47). He performed a curettement at varying periods before operation upon a number of uteri, whose removal was necessary on account of some condition, such as chronic adnexal disease, which did not greatly affect the endometrium, and also carried out a series of experiments upon dogs. He found that by the end of the first twenty-four hours the fresh wound caused by the curette is covered with a layer of fibrin and polymorphonuclear leukocytes, an expression of an inflammatory reaction to the injury on the part of the tissue. During the next twenty-four hours the picture remains practically the same, except that the leukocytes increase in number. After the third day, however, the picture varies somewhat according to whether the traumatism has been deep or superficial. In the deeper wound areas young bloodvessels, accompanied by leukocytes and fibroblasts, begin to grow into the fibrin layer, the fibroblasts apparently arising not from the remnants of old endometrium, but from the connective tissue which lies between the muscle fibers of the uterine wall. The epithelial covering, however, is supplied always by a gradual extension over the surface of the newly formed connective tissue of cells from some neighboring island of preserved mucosa, or from the fundus of a gland that has escaped destruction, the epithelial covering being practically complete by the ninth day. Gradually a fibrous intercellular substance is formed, especially in the deeper portions of the new endometrium, the superficial layers remaining more distinctly cellular. Up to as long as the twenty-sixth day, however (beyond which the investigations did not go), this tissue is wholly without glands, the only indications of these being a few shallow depressions in the surface epithelium, from which it is possible, but not definitely demonstrated, that new glands may be developed by ingrowth. Such development would therefore be centripetal in direction; it certainly takes place slowly, if at all. The more superficial wounds, on the other hand, are covered in large areas by epithelium as early as the third day, and by the fifth the process of epithelialization is complete. The stroma formation is analogous to that seen in the deep wounds, but gland regeneration occurs certainly in a centrifugal direction, from undestroyed ends of glands lying between the muscle fibers. This process is fairly rapid, for in these areas the gland regeneration is practically complete by the fifth day. In deep wounds, where some of the muscle tissue is removed, as often occurs when curettage is vigorously performed, this appears never to regenerate, but to be replaced by connective tissue.

OTOLOGY

UNDER THE CHARGE OF

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Examination into the Hearing Power, Comparatively, of Blind Persons and Persons with Average Normal Vision.—HORTER

(*Passow's Beiträge*, 1913, vi) made tests as to the audible duration of the tuning forks in the Bezold-Edelmann series in the two classes of cases the result proving that the blind have no special compensatory accentuation of the sense of hearing and that improvement in the hearing proper does not accrue with duration of the loss of sight; in other words, that there is no evidence of educative improvement of the function itself. On the other hand, the blind appear to listen and to hear more concentratedly than do seeing persons and are less disturbed in their effort at hearing by surrounding, concomitant, conditions. From Horter's observations it would seem to be evident that while the actual hearing power is not augmented in the blind it is a far more effective means of determination of the direction of a sound source and of its progress in motion, constituting, therefore, for the blind, the most important sense for a determination of the relationship of the environment; this is true not only of rythmic recognizable sounds but of the incoördinated sounds constituting noise. Under these circumstances it is the duty of the medical profession and of the schools both to take measures to conserve and to educate a sense which is of so much importance to the ambulant ability of the blind, it being made a stated part of the curriculum of the blind to train the exercise of the hearing power for purpose of orientation and also to compensate for the possible want of acute hearing by education in acuity of attention and of observation.

Otitic Migraine.—MARGULIES (*Präger med. Woch.*, 1913, No. 27) reports 4 cases of migraine with vertiginous attacks during which there was a general, and considerable, depreciation in the hearing, this depreciation lessening with recovery from the vertigo and the hearing being normal in the period between attacks. The explanation of Barany as to the conjectural cause of the symptom complex which bears his name is not accepted by Margulies as applicable to the cases which he has observed and made the subject of his paper; in his opinion the cause was neither adhesions nor cyst formation but merely an increased exudate due to some irritation which subsided and decreased as the irritation decreased, with a corresponding disappearance of the symptoms, the point of attack being presumably labyrinthine. In all probability the labyrinth and vestibular apparatus play a larger role than has heretofore been supposed in the causation of migraine, and although labyrinthine symptoms such as are evidenced in these reported cases are rare the frequent observance of hyperesthesia acustica as an accompaniment of migraine may be justifiably taken as concurrent evidence.

Primary and Secondary Suture in Mastoid Operations.—WALB (*Zeitschr. f. Ohrenheilkunde*, 1913, lxviii) recommends preferentially the primary suture, as he has practised it for twenty years both in the typical mastoidectomy and in the radical operation, leaving the lower end of the wound free and open, without even a gauze drainage wick and removing the subcutaneous continuous wire suture at the end of eight days. In only a small percentage of the cases was the wound left open, unsutured, and then in deference to the presence of an uncovered and possibly not normal sinus or the complication of an extradural abscess when it was desirable to keep the wound cavity